

Authorized form and a voided check must be received in the Treasurer's Office,
20 North 3rd Street, Lafayette, IN 47901 by the listed deadlines.

**TIPPECANOE COUNTY TREASURER
AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS**

COMPANY NAME: **TREASURER TIPPECANOE COUNTY**

I (we) hereby authorize the Treasurer of Tippecanoe County, hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Savings account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

(Please check one) ☐ Checking ☐ Savings

ROUTING NUMBER _____ ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (S) _____
Signature

KEY NUMBERS (S) _____
Located in the upper left of the Tax Bill

Signature

Printed Name (s)

Phone Number (H) _____

(W) _____

Date _____

Note: All written debit authorizations must allow the receiver to revoke the authorization only by notifying the originator in the manner specified in the authorization.